



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

49-0875

**TOTAL PAGES IN ENTIRE CFA-11
REPORT**

2

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name <i>The Bart Peterson for Mayor Committee</i>			2. Committee Telephone Number <i>(317) 231-7121</i>	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <i>One North Capitol Ave, Ste 200</i>				
4. City <i>Indianapolis</i>	State <i>IN</i>	ZIP Code <i>46204</i>	5. Party Affiliation or if Independent Candidate <i>Democratic</i>	
6. Office Sought (include district number, if any. Not required for exploratory committee.) <i>Mayor of Indianapolis</i>			7. County of Residence <i>Marion</i>	
8. Reporting Period: From: <i>4/26/07</i> Through: <i>5/2/07</i>				

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification	1. <i>SEE ATTACHED</i> Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		
Classification	2. Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		
Classification	3. Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <i>Marion Wagon</i>	Title <i>Treasurer</i>	Date (MM-DD-YY) <i>05-02-07</i>
Signature of Candidate (if applicable) <i>Bart Peterson</i>		Date (MM-DD-YY) <i>5/2/07</i>

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16 IC 3-9-4-17, and IC 3-9-4-18)

FOR OFFICE USE ONLY

07 APR 32 AM 7:08
MARION COUNTY CLERK
Clifford J. Wagon

MailingName	Mail Address	Mail City	Mail State	Mail Zip	Date	Amount	Received By
Indiana Regional Carpenters COPE	2635 Madison Ave	Indianapolis IN		46225	05/01/2007	5000	Marjorie Maginn
Roland T. Salman	12471 Doe Ln	Indianapolis IN		46236	05/01/2007	5000	Marjorie Maginn